Senate Committee on Health, Education, Labor and Pensions (HELP)
Hearing Title: Community Health Centers: Saving Lives, Saving Money
Thursday, Mar. 2, 2023, 10:00 AM Rm. 430 Dirksen Senate Office Building
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Chairman Sanders, Ranking Member Cassidy, and distinguished members of the Committee, thank you for the invitation to discuss the impact of Community Health Centers (CHCs) on the health of people across America, in addition to CHCs economic impact, ability to lower health care costs, and the opportunity for further investment in CHCs.

I would like to specifically thank Chairman Sanders for his dedicated efforts to significantly expand the National Health Service Corps, Community Health Centerss, and Teaching Health Centers. Your leadership is much appreciated by CHCs across the country. I would also like to thank the Senators from Indiana, Sen. Braun, who sits on this presitguous Committee, and Sen. Young, for their long-standing support of Indiana's CHCs.

Before I begin I would like to note the very personal connection I have with CHCs. Born and raised in a medically undeserved part of rural Indiana, I have seen firsthand the costs of limited access to care and poor health. "Deaths of despair" the expression describing the decreasing life expectancy of young-adult Americans, is very real to me, having seen too many friends succumb to substance use disorders, suicide, and chronic disease. I stand as a witness not only to the impact CHCs have on the overall health care system, but also as a witness to the impact they can and do have on the individual Americans they serve.

CHCs are nonprofit, patient-governed organizations that provide high-quality, comprehensive primary health care to people living in medically underserved areas. Serving 1 in 11 people nationwide, CHCs are committed to providing care to all patients, regardless of income or insurance status. In 2021, CHCs marked the historic milestone of serving 30 million Americans in a single year.

Established in 1982, the Indiana Primary Health Care Association (IPHCA) is the membership body for Indiana's CHCs and CHC Look-A-Likes. IPHCA supports a membership that includes Indiana's 27 CHCs and 12 Look-A-Likes who collectively have over 350 clinic sites across

Indiana that provide primary medical, dental, and behavioral health care to over 600,000 Hoosiers, 90% of whom are below 200% of the Federal Poverty Level (FPL), and 65% of whom are below the FPL.

CHCs in Indiana range from large, urban-centered CHCs who serve more than 50,000 patients annually, to small rural CHCs who serve less than 5,000 patients annually. Collectively, more than 50% of patients at Indiana's CHCs identify as a racial and/or ethnic minority, with 16% of patients being best served in a language other than English.

The Direct Economic Impact of CHCs

Within the US health care system, the main role of CHCs is to provide high-quality primary health care with a particular focus on serving vulnerable populations. CHCs, in particular, provide care to low-income patients and those who are uninsured or under insured. In this role as a health care safety-net provider, CHCs offer a comprehensive array of health care services which include primary care, behavioral health, chronic disease management, preventive care, as well as other specialty, enabling, and ancillary services such as radiology, laboratory, dental, transportation, translation, and social services.

CHCs are a specifically defined type of health care organization. CHCs must offer services to anyone, regardless of their ability to pay; have a sliding fee system; be a nonprofit or public organization; be community-based with a board of directors composed primarily of patients; provide services in areas that are medically underserved or to an underserved population; offer comprehensive primary care services; and have an ongoing quality assurance program.

CHCs positively impact the economies of communities in which they operate, which are often times economically distressed in addition to being medically vulnerable. In late 2020, the Center for Health Policy at the Indiana University, Richard M. Fairbanks School of Public Health conducted a once in a decade study of the economic impact of CHCs in Indiana. The total economic impact of CHCs in Indiana was nearly $1 billion annually. This is an increase of $800 million, up from a $195 million annual impact in 2009. Every dollar spent on CHC operations, supplies, and personnel generates an additional $.81 for the overall state economy, up from $.54 in 2009.

Investments in CHCs generate not only direct economic benefits for the local economies in which they operate (e.g., hiring of staff, materials, physical plant), but also two types of economic spin-off benefits: (1) indirect economic benefits to the businesses that support the operation of the CHCs (e.g., the suppliers of materials, construction firms), and (2) induced economic benefits to the local economy from the increased spending by persons who have received either direct or indirect benefits from the operation of CHCs. The size of these "ripple effects" can sometimes exceed the original direct benefit, particularly when the local economy is depressed or when unemployment is high, which is often the case in communities in which CHCs are located.

CHCs in Indiana provided 2,910 direct jobs to employees who support the operation of CHCs and another 3,082 jobs to workers in the larger economy who provide the goods and services purchased by CHCs and through income generated directly or indirectly by the CHCs. The impact on jobs has increased substantially since 2009 by contributing an additional 2,049 direct jobs and another 2,496 indirect jobs to Indiana's economy.

CHCs additionally impact their local economies by providing workforce development opportunities in areas that are impacted by higher rates of unemployment and poverty. By partnering with local schools of higher education, community partners, public schools, or even developing their own training programs, CHCs create the opportunity to improve local labor conditions and create a newly skilled workforce.

In 2021, Indiana University's Bowen Center for Health Workforce Research & Policy, conducted an analysis of health professional education and training efforts being undertaken by Indiana's CHCs. The analysis recognized CHC's response to workforce challenges, and alignment with organizational missions to serve their community, to train the next generation of the health workforce and engage in health professional education and training As a part of their engagement, many CHCs serve as training sites for health professions students of all types, with a particular emphasis on occupations that are in high-demand. These high-demand occupations, many of which would not exist in the community except for CHCs, consist of wide range of specialties and offer unique services pertinent to serving underserved communities.

A CHC in Northwest Indiana, HealthLinc, offers a grow-your-own Medical Assistant (MA) program, operated in partnership with the National Institute of Medical Assistant

Advancement, which hosts MA students enrolled in local training programs. Supported by the Indiana Department of Workforce Development's *Next Level Jobs Workforce Ready Grants*, HealthLinc has focused on "upskilling" existing non-clinical employees by enabling them to participate in on-the-job training. Due to the success of the MA trainings, and their commitment to improving their community through the creation of employment opportunities, HealthLinc plans to expand their program to include training Dental Assistants.

HealthLinc's work is not an outlier. Eskenazi Health Center in Central Indiana, has created their own MA training program, which allows the training of existing non-clinical staff. The program also gives Eskenazi Health Center the ability to work with local community groups, such as Goodwill of Central & Southern Indiana, to identify potential candidates from the community for job training. This training extends both the capacities of Eskenazi Health Center, related to their own workforce needs, and the individual community member or employee, who has now developed a highly sought-after and marketable skill set they may not otherwise have the opportunity to develop.

CHCs have also established themselves as the safety-net for Indiana's communities. One very recent example in Indiana is the response of Southern Indiana Community Health Center (SICHC) and Indiana Health Centers (IHC), to the closure of Ascension St. Vincent Dunn Hospital in Bedford, IN, in December 2022. A hospital closure in a community can lead to devastating gaps in access to care, and have ripple effects, include short and long-term negative economic effects, across the community. This was particularly true in Bedford, as Dunn Hospital was the only hospital with a labor and delivery unit.

Recognizing the needs of the Bedford community, SICHC and IHC both boldly stepped forward to fill the void for primary care services, particularly OB services, created by the hospital closure. Both CHCs worked with the community to create contiuity of care, fill access gaps created by the closure, and to create new partnerships, such as a collaboration with a local Critical Access Hospital, to support the newly vulnerable community.

Health Care Cost Savings Generated by CHCs

High-quality primary care services are a critical component of the U.S. health care system. It is well established that integrated, team-based primary care services improve health care quality and cost outcomes. CHCs in particular are a cost-effective,

high-quality, and highly efficient form of primary care, in part due to the comprehensive and integrated nature of the services CHCs provide.

Research shows CHCs provide comparable and oftentimes higher quality care compared to other health entities, particularly for the most vulnerable Americans. A 2013 brief from The Kaiser Commission on Medicaid and the Uninsured found that when comparing data collected from CHCs to HEDIS data, CHCs often outperformed MCOs in key chronic care metrics, including A1c control for diabetics and blood pressure control for hypertensive patients. Indiana data tells a similar story; CHC patients are more likely to have chronic diseases like hypertension and diabetes under control compared to the general population of Medicaid recipients in the state.

CHCs provision of community-based, relationship oriented care for basic health needs, chronic disease management, substance use disorders, and many other services in an integrated, enabling and collaborative fashion across the health care system creates substantial reductions in overall cost. Decades of research have consistently shown CHCs create cost savings, despite serving populations who are a higher risk of poor overall health and chronic conditions. CHCs save at least $24 billion in costs annually for the health care system. It is estimated that it is between $500-$2,300 less expensive for a Medicaid patient to receive primary health care at a CHC than at another provider.

CHCs help lower the cost of medical care by providing the types of primary and preventive services that reduce the need for costlier medical care such as preventable emergency room visits and in-patient hospital care. CHC patients have lower rates of multi-day hospital admissions, lower rates of ED utilization, lower rates of specialty care visits and lower numbers of inpatient bed days. Research has shown that health center patients have 24% lower overall costs than patients receiving primary care in other settings.

A recent study conducted on the impact of funding for CHCs on utilization and emergency department visits in Massachussetes provides a clear demonstration of the effect of CHCs on health care cost drivers. The study found that areas in Massachussettes which had greater funding increases provided to CHCs resulted in increased growth in patient visits, and reductions in the number of people with visits to the emergency department, especially for conditions that do not require immediate emergency care. This reduction in visits to the emergency department was unique to areas with increases in health

center funding, and provides evidence for the impact CHCs have on patients by providing a usual option for primary care.

As one CHC leader was quoted as saying in the report conducted by the previously mentioned analysis conducted by the Indiana University, Fairbanks School of Public Health:

"We really feel like our niche is safety net care. So, we really look for those opportunities in the community to pick up the vulnerable and marginalized populations. We've got a couple of different programs that we feel like really get at the heart of that. One of those programs is an emergency department follow up program. If folks are seen in the emergency department and they don't have somewhere to follow up, we will see them. An example would be if I had a primary care provider and I got stitches in the emergency department today (and) my primary care provider couldn't get me in, I could come to (the CHC) for follow-up."

Opportunities and Need for Further Investment in CHCs

Access to primary care can be improved through sustained and strategic investments in CHCs. The health center model ensures access to primary care for all individuals, that is patient-center, community-based, and high-quality.

The reach and impact of the health center program has grown substantially, and has demonstrated the ability for continued growth. Since 2015, the number of federally funded CHCs has remained relatively constant, with no federal grant adjustments to keep pace with inflation or other costs. Yet, the number of clinic sites operated by CHCs across the nation has increased from 10,000 in 2015 to over 14,000 in 2021. The number of patients served by CHCs has also increased, growing by 6 million, or 24% during the same time period. In Indiana, this expansion has resulted in an increase from 100 clinic sites in 2015, to over 350 at the time of this Hearing. The number of Hoosiers served by CHCs also increased by over 150,000 from 2015 to today.

Despite the successful expansion of CHCs, we know that the portion of Americans with an identified source of primary care is decreasing, a trend further investment in CHCs can help reverse. This is partially related to the ongoing, chronic shortage of primary

care access. In Indiana, according the Health Resources and Services Administration (HRSA), there are currently more than 2 million Hoosiers in primary care Health Professional Shortage Areas. It is not surprising then that based on national estimates, roughly 800,000 Hoosiers report lacking a usual place to go for medical care.

Specifically focusing on a population CHCs serve extensively, the medically uninsured, paints a similar picture of an opportunity to address unmet need. Among the non-elderly population in Indiana in 2021, there were nearly 600,000 uninsured Hoosiers, who we know traditionally face limited access to health care services. In 2021, nearly half (46.7%) of nonelderly uninsured adults reported not seeing a doctor or health care professional in the past 12 months compared to 18.2% with private insurance and 13.1% with public coverage. Of the nearly 600,000 uninsured Hoosiers, 150,000 are served by Indiana's CHCs which, with additional federal funding serving as a catalyst, is a number that would certainly increase and help to address the issue of access to care for uninsured Hoosiers.

Additional federal investments in CHCs would extend their reach into underserved communities across Indiana, and deepen their existing service lines, creating greater access to maternal/newborn health care, mental and behavioral health care, and oral health care. The last time a competition for CHC New Access Points was held by HRSA in 2019, approximately 500 applications were submitted nation-wide. However, due to limited funding, only 77 organizations were funded.

According to the National Association of Community Health Centers, a commitment by Congress to allocate an additional $500 million over five years will enable over 750 new CHCs to reach approximately 4 million new patients. Federal funding, which is generally less than 20% of a CHCs overall budget, provides critical funding to stabilize operations and provide start-up cfunding for new services or service sites.

Conclusion

The health center program is a cornerstone of the U.S. health care system and Indiana's health care system. CHCs are a cost-effective, high-quality, and highly efficient form of primary care, which save billions of dollars every year and improve the health of millions of Americans. CHCs need continued, sustained funding, and are primed to meet the ongoing and expanded needs of the patients and communities they serve.

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